

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000094111

1. Entity Name
DIA MANAGEMENT, INC.



Principal Place of Business
**5411 WEST TYSON AVE.
TAMPA, FL 33611**

Mailing Address
**5411 WEST TYSON AVE.
TAMPA, FL 33611**

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3604529

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEARNEY, JOHN E SR
5411 WEST TYSON AVE.
TAMPA, FL 33611**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000324813
04/22/05-80108-006 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
TOMION, JON
8310 W. GULF BLVD
TREASURE ISLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
KEARNEY, JOHN E SR
5411 W. TYSON AVE.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCCLOY, ALFRED A
5411 W. TYSON AVE.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STVD
KEARNEY, JR., JOHN
5411 W. TYSON AVE.
TAMPA, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCCLOY, ALFRED G
5411 W. TYSON AVE.
TAMPA, FL 33611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 313-831-4490

Date

Daytime Phone #